

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041565

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10415

STATE FILE NUMBER

FILED OCT 24 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		c. CITY OR TOWN Canalou		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Laudis Fay Hill			4. DATE OF DEATH Month Day Year October 17, 1963			5. SEX Male			6. COLOR OR RACE White		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 10/4/1917			9. AGE (last birthday) 46			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and state or country) Centeridge, Arkansas.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Hollie Hill			13b. MOTHER'S MAIDEN NAME Dove Howard			14. NAME OF HUSBAND OR WIFE Irene			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		
16. SOCIAL SECURITY NO. Nil.			17. INFORMANT Irene Hill, Canalou, Missouri.			18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure DUE TO (b) Rheumatic heart disease DUE TO (c) 4/6x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH ?		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10/10/63 to 10/16/63 and last saw him alive on 10/16/63 Death occurred at 3:45 PM 10/17/63 m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) Marshall Katzman MD			22b. ADDRESS Jewish Hospital			22c. DATE SIGNED 10/17/63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 10-20-63			23c. NAME OF CEMETERY OR CREMATORY Matthews Cemetery			23d. LOCATION (City, town, or county) Matthews, Mo.		
24. FUNERAL DIRECTOR Jackson Funeral Home, Sikeston, Mo.			25. DATE RECD. BY LOCAL REG. OCT 19 1963			26. REGISTRAR'S SIGNATURE Earl Smith M.D.					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.